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000330 7590 09/08/2004

LERNER, DAVID, LITTENBERG,
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12/08/2004 GWORDF2 00000047 121095 09653717

01 FC:1501 1370.00 DA
02 FC:8001 39.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/653,717	09/01/2000	Gabriel Villafane	EGYP 3.0-008	5779

TITLE OF INVENTION: USE OF NICOTINE OR DERIVATIVE THEREOF FOR THE TREATMENT OF NEUROLOGIC DISEASES, IN PARTICULAR PARKINSON DISEASE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370.00	\$0	\$1370.00	12/08/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
COOK, REBECCA	1614	514-567000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Assistance Publique-Hopitaux De Paris France

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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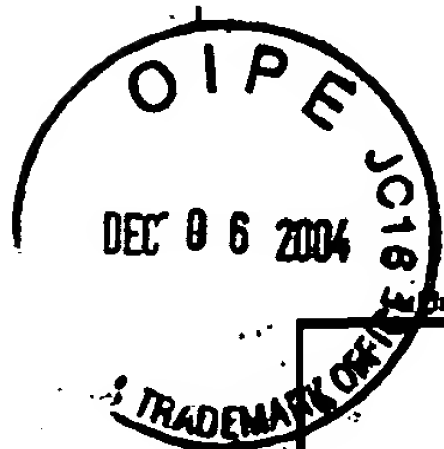
Date 12/6/04

Typed or printed name Arnold H. Krumholz

Registration No. 25,428

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FACSIMILE TRANSMISSION**ATTORNEY DOCKET NO.: EGYPT 3.0-008****APPLICATION NO.: 09/653,717****CONFIRMATION NO.: 5779****MAILING DATE OF NOTICE OF ALLOWANCE: September 8, 2004****FAX NUMBER: (703) 748-4000****PAGES INCLUDING COVER SHEET: 2****PLEASE ACKNOWLEDGE RECEIPT TO SENDER AT (908) 654-7866.****CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

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